

REQUEST FOR APPROVAL TO USE TELEHEALTH

Name – Agency	Certification No.	Date Application Completed	
Address Agency	City	State	Zip Code
Name – Person Completing This Form	Telephone Number	FAX Number	
Name- Agency Director	Email Address – Person Completing This Form		

	For Office Use			COMMENTS
	C	NC	NA	
(1) APPLICABILITY This request for approval applies only to mental health and substance abuse programs, currently certified or seeking certification under DHFS subchapters, who are anticipating the use of TeleHealth as a means of service provision to increase access to services. a. The agency is currently certified under DHFS subchapters for the provision of mental health and / or substance abuse services. <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> b. If not certified, has the agency submitted an application for certification to DHFS. <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) GENERAL Programs requesting to use interactive TeleHealth for clinical mental health and substance abuse services must be certified under DHFS subchapter pertinent to their clinical specialty or facility. The plan submitted in compliance with certification requirements for any service or facility must include provisions pertinent to the use of TeleHealth if the program is seeking certification including the use of TeleHealth. The program / agency shall have in place a written document indicating how TeleHealth services are integrated into the overall plan for providing inpatient, outpatient, community support services, comprehensive community services, day treatment, and crisis mental health and substance abuse services. The plan shall identify appropriate sites where consumers may access services (originating sites). These sites may include: hospitals, emergency care centers, outpatient clinics and mental health and substance abuse facilities, skilled nursing homes, schools, county Health and / or Human / Social Service offices, and other county	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<p>offices appropriate for private clinical evaluations and services. The plan includes:</p> <p>A description of how interactive TeleHealth services will be used in the overall strategy for mental health and substance abuse services.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How using interactive TeleHealth services will address the specific needs and strengths of consumers.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A description of services that can be provided via TeleHealth services.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Criteria for selecting and identifying providers at the agencies to use TeleHealth services.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Criteria for selecting and identifying consumers appropriate for TeleHealth services.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A listing of appropriate originating sites.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The agency has a plan on file with DHFS.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The plan includes specific references to the use of TeleHealth.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>(3) PERSONNEL</p> <p>Only health personnel who are qualified under DHFS subchapters may conduct appropriate mental health and substance abuse services via TeleHealth technologies (hereafter referred to as interactive TeleHealth services) for the purposes of diagnosis, treatment, and evaluation.</p> <p>A regular staff member of the program must be available to present the consumer during clinical visits via TeleHealth unless another county public safety, public health, or Human / Social Service presenter trained in the use of TeleHealth is available.</p> <p>Consultants, presenters, and any staff involved in interactions via TeleHealth with consumers present shall have training in the psychodynamics, legalities and patient rights pertaining to the use</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<p>of TeleHealth technologies.</p> <p>Persons providing consultations via TeleHealth are members of the agency and qualified under DHFS subchapters.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All persons presenting during TeleHealth services are adequately identified in the agency's plan. These persons are identified by position, not by name.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>(4) PROGRAM OPERATION AND CONTENT</p> <p>TeleHealth technologies are used to provide access to services as outlined in DHFS subchapters in:</p> <p>a. Outpatient <input type="checkbox"/> Yes <input type="checkbox"/> No Crisis <input type="checkbox"/> Yes <input type="checkbox"/> No CCS <input type="checkbox"/> Yes <input type="checkbox"/> No CSP <input type="checkbox"/> Yes <input type="checkbox"/> No Day Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Services are available 24 hours / day.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. If services at the agency are required 24 hours / day and not available via TeleHealth, are written guidelines available in the agencies plan for obtaining in-person services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. If access by interactive TeleHealth services is the primary method for providing outpatient, CSP, CCS, day treatment, or crisis mental health and substance abuse services, are trained staff available at all times for services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>(5) ORIENTATION AND ONGOING TRAINING</p> <p>Each agency shall develop and maintain training in TeleHealth applications to include technology, clinical presentation, security and privacy, and documentation requirements specific to the clinical applications. Staff involved in service provision or presenting consumers shall receive training covering all the required components.</p> <p>An orientation for staff using TeleHealth must include the following components in addition to any required clinically oriented mental health and substance abuse orientation:</p> <p><input type="checkbox"/> Historical uses of TeleHealth <input type="checkbox"/> History of TeleHealth <input type="checkbox"/> Clinical Applications in TeleHealth</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<input type="checkbox"/> Telecommunications Technology <input type="checkbox"/> Technology <ul style="list-style-type: none"> <input type="checkbox"/> Codecs <input type="checkbox"/> Cameras <input type="checkbox"/> Consumer Peripherals <input type="checkbox"/> Transmission equipment <input type="checkbox"/> Audio equipment <input type="checkbox"/> Presenting Techniques <input type="checkbox"/> Clinical services <input type="checkbox"/> Safety and Security During Service Provision <input type="checkbox"/> Privacy and Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> Consumer Rights <input type="checkbox"/> Back-up Procedures <input type="checkbox"/> Patient Preparation for TeleHealth The required training elements are in place. <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> At a minimum, annual inservicing is conducted regarding any changes or updates in TeleHealth applications including state legislative or regulatory changes. <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>				
(6) CLINICAL POLICIES AND PROCEDURES Each program must have in place clinical policies and procedures that address the following operational components of conducting mental health and substance abuse services via TeleHealth: <u>Preparation of videoconference system and cameras</u> Purpose: To serve as a guide for setting up videoconferencing system and cameras for a TeleHealth visit. The intent of this guideline is to provide direction to the visit to improve efficiencies for the consumer, provider and the TeleHealth presenter. The Policy: Describes what is needed to prepare the room so everything is ready when the consult begins to avoid any technical problems. <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> Describes the equipment needed and how it works. <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <u>TeleHealth Operations – Preparing for a TeleHealth Consult</u> Purpose: To serve as a guide for obtaining and setting up equipment for any TeleHealth visit. The intent of this guideline is to provide direction to the visit in order to improve efficiencies for the consumer, provider and the TeleHealth presenter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<p>The Policy:</p> <p>Describes the process for preparing charts and forms, room and equipment.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describes what is needed to ensure the consumer chart and any other forms that may be needed for the consult, i.e. appoint forms, technology reports, prescription forms, etc. are available and accessible.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details what is needed to prepare the room, positioning the chair, lighting that may be needed, privacy signage.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Consumer information, Security policy</u></p> <p>Purpose: To indicate the clinic respects and will protect every consumer's right to have all information they share with health professionals kept confidential.</p> <p>The Policy:</p> <p>Explains the confidentiality policy.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explains how technological problems are addressed before and during the TeleHealth consult.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Documentation during a TeleHealth visit</u></p> <p>Purpose: To serve as a guide for documentation during a TeleHealth visit. The intent of this guideline is to ensure compliance with documentation requirements for clinical consultations.</p> <p>The Policy:</p> <p>Documents TeleHealth consumer care in a medical record including prescriptions ordered.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Maintaining technical integrity during the interactive TeleHealth consult</u></p> <p>Purpose: The purpose of this guideline is to ensure that video and audio quality is maintained at a level sufficient for clinical care during interactive TeleHealth consultations.</p>				

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<p>The Policy:</p> <p>Defined the staff and their roles and responsibilities including the role of the TeleHealth presenter.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Defined how to address technical failures.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Defined how to report failures.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Conducting a TeleHealth Service</u></p> <p>Purpose: To serve as a guide for conducting a TeleHealth service. The intent is to provide direction to the visit to improve efficiencies for the consumer, provider and the presenter (this could be a nurse clinician or other agency staff trained to assist the consumer with the TeleHealth consult).</p> <p>The policy addresses:</p> <p><input type="checkbox"/> Procedures for starting the consult</p> <p><input type="checkbox"/> Documentation of any meds ordered and the treatment provided</p> <p><input type="checkbox"/> Reasons for the use of TeleHealth</p> <p><input type="checkbox"/> An explanation of what occurs with new consumers, established consumers, charts, treatment plans, grievance policy, medication consents, etc.</p> <p><input type="checkbox"/> Medication consent procedures</p> <p><input type="checkbox"/> Conducting the visit</p> <p><u>Minimum Transmission Standards</u></p> <p>Purpose: To establish the minimum standards acceptable for a real-time, interactive videoconference TeleHealth services. Suggested minimum standards are transmission speeds of 256kbps or higher over ISDN or proprietary network connections including VPNs, fractional T1, or T1 or comparable cable bandwidths such as 10 or 40 mb. Programs using transmission speeds of less than 256kbps should have a documented justification that explains the financial feasibility barriers to high cost transmission lines.</p> <p>a. The program transmits services via proprietary lines.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. The program transmits services at speeds equal to or higher than 256kbps.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				

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<p>c. If the program does not transmit services equal to or higher than 256kbps, what is the reason?</p> <p><input type="checkbox"/> Economically not feasible and services would otherwise not be available</p> <p><input type="checkbox"/> Transmission lines for higher speeds not available</p> <p><input type="checkbox"/> Other – Specify:</p>				
<p>(7) CONFIDENTIALITY</p> <p>Maintenance, release, retention and disposition of consumer service records are kept confidential as required under s.s.51.30, HSS 92, where applicable 42 CFR Part 2, and federal HIPAA requirements.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>(8) CONSUMER RIGHTS</p> <p>All programs using interactive TeleHealth services shall comply with s 51.61, Wis. Stats, and HFS 94, WAC, on the rights of consumers, and federal HIPAA requirements.</p> <p>Consumers are given the choice of in-person versus interactive TeleHealth consultations.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>(9) CONSUMER SATISFACTION</p> <p>A satisfaction survey will be conducted for consumers and appropriate family members who use interactive TeleHealth services for access to mental health and substance abuse services. Recommendations include an internal report no less than quarterly and an annual report to the certification agency.</p> <p>The agency / program has a satisfaction survey tool specific to interactive TeleHealth services.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The results are disseminated to provider, presenter and administrative staff.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>There is evidence of program changes and improvements in response to satisfaction feedback.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	